

10/586348

IAP6 Rec'd PCT/PTO 14 JUL 2006

Application Data Sheet

Application Information

Application Type:: National Stage
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: METHOD FOR OVERPRODUCING A
SPECIFIC RECOMBINANT PROTEIN
WITH P. CINNABARINUS
MONOKARYOTIC STRAINS
Attorney Docket Number:: 0508-1167
Request for Early No
Publication?::
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 13
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: THE NETHERLANDS
Status:: Full Capacity
Given Name:: ALEXANDRA
Middle Name:: M.C.R.
Family Name:: ALVES
Name Suffix::
City of Residence:: NE HAREN
State or Province of
Residence::
Country of Residence:: THE NETHERLANDS
Street of Mailing HEMSTERHUISLAAN 30
Address::
City of Mailing Address:: NE HAREN
State or Province of Mailing Address::
Country of Mailing Address:: THE NETHERLANDS
Postal or Zip Code of Mailing Address:: NL-9752

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: ERIC
Middle Name::
Family Name:: RECORD
Name Suffix::
City of Residence:: MARSEILLE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing LA CHLORIS, D, 13, BOULEVARD DU REDON
Address::
City of Mailing Address:: MARSEILLE

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-13009

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: ANNE
Middle Name::
Family Name:: LOMASCOLO
Name Suffix::
City of Residence:: MARSEILLE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: LE CLOS DE LA BASTIDE, B, 42, TRAVERSE
Address:: LE MÉE

City of Mailing Address:: MARSEILLE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-13008

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-CLAUDE
Middle Name::
Family Name:: SIGOILLOT
Name Suffix::
City of Residence:: SIX FOURS LES PLAGES
State or Province of
Residence::
Country of Residence:: FRANCE

Street of Mailing RÉSIDENCE ANÉMONES FLORIALES, 500,
Address:: AVENUE JOSEPH
RAYNAUD
City of Mailing Address:: SIX FOURS LES PLAGES
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-83140

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: MARCEL
Middle Name::
Family Name:: ASTHER
Name Suffix::
City of Residence:: LA CIOTAT
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 28, AVENUE PEYMIAN
Address::
City of Mailing Address:: LA CIOTAT
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-13600

Applicant Authority Type:: Inventor
Primary Citizenship Country:: THE NETHERLANDS
Status:: Full Capacity
Given Name:: HAN
Middle Name:: A.B.
Family Name:: WÖSTEN
Name Suffix::
City of Residence:: SN ZEIST

State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing C. HUYGENSLAAN 19
Address::
City of Mailing Address:: SN ZEIST
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: NL-3705

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2005/000093	1/14/05

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0400366	1/15/04	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

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